

ABSTRACT TEMPLATE:

84.325D

Absolute Priority: Preparation of Special Education, Early Intervention, and Related Services Leadership Personnel
Organization: _____
Project Title: _____
Start Date: _____
End Date: _____

Project Director:

Full Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____
Email Address: _____
Average Time on Project, Year 1 (%): _____

Additional Key Personnel (not including project director listed above):

Full Name	Average Time on Project, Year 1 (%)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Disability focused on by the project (check all that apply):

<input type="checkbox"/>	Unspecified
<input type="checkbox"/>	Autism
<input type="checkbox"/>	Deaf-blindness
<input type="checkbox"/>	Developmental delay
<input type="checkbox"/>	Emotional disturbance
<input type="checkbox"/>	Hearing impairment/Deafness
<input type="checkbox"/>	Intellectual disability

<input type="checkbox"/>	Multiple disabilities
<input type="checkbox"/>	Orthopedic impairment
<input type="checkbox"/>	Other health impairment
<input type="checkbox"/>	Specific learning disability
<input type="checkbox"/>	Speech or language impairment
<input type="checkbox"/>	Traumatic brain injury
<input type="checkbox"/>	Visual impairment

Age group of students with disabilities focused on by the project (check all that apply):

<input type="checkbox"/>	Birth to 3
<input type="checkbox"/>	Preschool
<input type="checkbox"/>	Elementary School
<input type="checkbox"/>	Middle School
<input type="checkbox"/>	High School
<input type="checkbox"/>	Postsecondary

Target investment area focused on by the project (check all that apply):

<input type="checkbox"/>	Unspecified
<input type="checkbox"/>	Assessment
<input type="checkbox"/>	Behavior
<input type="checkbox"/>	Early childhood
<input type="checkbox"/>	Inclusive practices
<input type="checkbox"/>	Instructional strategies
<input type="checkbox"/>	Literacy
<input type="checkbox"/>	Secondary transition

Geography focused on by the project (check all that apply):

<input type="checkbox"/>	Unspecified
<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban

Credential/Degree scholars will receive upon completion of the program:

<input type="checkbox"/>	Master's
<input type="checkbox"/>	Education Specialist
<input type="checkbox"/>	Doctorate
<input type="checkbox"/>	Other:

How is the program delivered?

<input type="checkbox"/>	Online
<input type="checkbox"/>	In-person
<input type="checkbox"/>	Hybrid

Focus Area:

<input type="checkbox"/>	Focus Area A: Higher education faculty
<input type="checkbox"/>	Focus Area B: Administration

Scholar Support through Grant:

<i>Budget Period</i>	<i>Number of Scholars Receiving Support</i>	<i>Percent of Funding Designated for Scholar Support</i>
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

Note: Indicate the total number of scholars in each cohort that are receiving support in a budget period (e.g., Budget Period Year 3: 3 (Cohort 1) + 2 (Cohort 2)).

Briefly describe the type of project and the expected outcomes. Include in the description:

- (a) focus of the project (e.g., literacy, speech-language pathology),
- (b) length of program,
- (c) total number of scholars to be supported by the project,
- (d) credential/degree scholars will receive, and
- (e) scholar competencies to be acquired (100 words or fewer).

Briefly describe the components (e.g., coursework, internships) of the project and how the effectiveness of the project will be evaluated (100 words or fewer).